



Victim Compensation and Government Claims Board
PO Box 48
Sacramento CA 95812

2006 NON-AFFILIATE APPLICATION

FILING DEADLINE
MARCH 1, 2006

Please print or type all information

REQUIRED DOCUMENTS:

1. Copy of 501(c)(3) exempt status from the Internal Revenue Service.
2. Legal Documentation for Organization Name Change if Org. name does not match 501(c)(3).

A. LEGAL NAME (Name must appear exactly as recognized by the I.R.S. on the 501(c)(3) tax-exempt form.)

B. OTHER NAME ☐ D.B.A ☐ A.K.A. ☐ Program name

C. PHYSICAL ADDRESS

- ☐ Please use for mailing/brochure
☐ Please do not use for mailing
☐ Please do not release

Street

City,

State

Zip Code

D. P.O. BOX

- ☐ Please use for mailing/brochure
☐ Please do not use for mailing
☐ Please do not release

P.O. Box

City,

State,

Zip Code

E. CONTACT INFORMATION (The person who will be the **primary** CSECC contact. This information will be posted in the brochure and website.)

Name: _____ **Title:** _____

Telephone number: _____ **Fax number:** _____

Email address: _____ **Web address:** _____

F. ORGANIZATION STATUS

We are a non-profit, non-affiliate agency operating as a(n):

- ☐ **Independent:** We are not a member agency of a federation.
- ☐ **Member agency of a Federation:** Correspondence is sent directly to you unless otherwise directed. Contributions are disbursed through the PCFD via your Federation. *Please complete section G.*
- ☐ **Federation:** A Federation is defined as any organization that **represents itself and other** organizations in the Campaign, i.e. and 'Umbrella organization'. *Proceed to section H.*

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G. FEDERATION INFORMATION:

Please use the Federation information for mailing:

☐ Yes ☐ No

Federation name

Federation address:

Federation City, State Zip Code:

Federation Contact name

Sample appearance in brochures:

0000 Name of Organization

Phone no. Address

25 Word Description. www.info.com

H. DESCRIPTION OF ACTIVITIES**New Applicants:**

Please provide a statement, no longer than 25 words in length¹, describing your organization's activities. DO NOT include the name of your organization in your statement. A web address may be included and will not be counted as part of the 25 word statement. Your description may be included in the local Campaign brochures.

Previous Applicants:

If no statement is printed below, please provide a new description. Modifications to the printed statement may be made by lining out information and writing in the desired wording in the space below or attach a separate sheet

I. AREAS OF SOLICITATION

Please check the box of those California counties where your organization normally solicits contributions. If your organization normally solicits contributions from all California counties, please indicate "statewide" **only**.

<input type="checkbox"/> Alameda	<input type="checkbox"/> Glenn	<input type="checkbox"/> Marin	<input type="checkbox"/> Placer	<input type="checkbox"/> San Mateo	<input type="checkbox"/> Sutter
<input type="checkbox"/> Alpine	<input type="checkbox"/> Humboldt	<input type="checkbox"/> Mariposa	<input type="checkbox"/> Plumas	<input type="checkbox"/> Santa Barbara	<input type="checkbox"/> Tehama
<input type="checkbox"/> Amador	<input type="checkbox"/> Imperial	<input type="checkbox"/> Mendocino	<input type="checkbox"/> Riverside	<input type="checkbox"/> Santa Clara	<input type="checkbox"/> Trinity
<input type="checkbox"/> Butte	<input type="checkbox"/> Inyo	<input type="checkbox"/> Merced	<input type="checkbox"/> Sacramento	<input type="checkbox"/> Santa Cruz	<input type="checkbox"/> Tulare
<input type="checkbox"/> Calaveras	<input type="checkbox"/> Kern	<input type="checkbox"/> Modoc	<input type="checkbox"/> San Benito	<input type="checkbox"/> Shasta	<input type="checkbox"/> Tuolumne
<input type="checkbox"/> Colusa	<input type="checkbox"/> Kings	<input type="checkbox"/> Mono	<input type="checkbox"/> San Bernardino	<input type="checkbox"/> Sierra	<input type="checkbox"/> Ventura
<input type="checkbox"/> Contra Costa	<input type="checkbox"/> Lake	<input type="checkbox"/> Monterey	<input type="checkbox"/> San Diego	<input type="checkbox"/> Siskiyou	<input type="checkbox"/> Yolo
<input type="checkbox"/> Del Norte	<input type="checkbox"/> Lassen	<input type="checkbox"/> Napa	<input type="checkbox"/> San Francisco	<input type="checkbox"/> Solano	<input type="checkbox"/> Yuba
<input type="checkbox"/> El Dorado	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> Nevada	<input type="checkbox"/> San Joaquin	<input type="checkbox"/> Sonoma	
<input type="checkbox"/> Fresno	<input type="checkbox"/> Madera	<input type="checkbox"/> Orange	<input type="checkbox"/> San Luis Obispo	<input type="checkbox"/> Stanislaus	<input type="checkbox"/> STATEWIDE

J. FEDERAL TAX IDENTIFICATION NUMBER: _____

K. EXPENSES (Estimate the percentage of contributions used for fundraising and administrative expenses):

Fundraising	%
Administrative	%
TOTAL	%

Simple formula for obtaining your percentage:

From I.R.S. Form 990

Line 14 + Line 15 / Line 12 = _____ %

(Add line 14 and 15, then divide by line 12)

L. AREAS OF SERVICE

Please place a checkmark in the box(es) next to the categories that best describe your activities.

<input type="checkbox"/> ADOPTION: handles or assists in the adoption of children.	<input type="checkbox"/> ADVOCACY: works to improve well-being by influencing the knowledge, attitudes and actions of key public officials.	<input type="checkbox"/> ANIMALS: provides services related to animals, wildlife or pets.	<input type="checkbox"/> ARMED FORCES: provides services to the United States military and their families.	<input type="checkbox"/> ART/ REC/ CUL/ ENT: provides art, cultural, recreational or entertainment services.
<input type="checkbox"/> BASIC HUMAN NEEDS: provides basic human needs such as food, shelter, water, etc. * Emergency shelter * preparation & delivery of meals.	<input type="checkbox"/> CONSERVATION assists in the sustainable use and protection of natural resources.	<input type="checkbox"/> EDUCATION: any agency that provides educational services or is a foundation for a higher education institution.	<input type="checkbox"/> FAMILY AND CHILDREN'S SERVICES provides services geared towards families and children's needs. * Day care services * Foster care * Protective services	<input type="checkbox"/> HEALTH * Health Education * Health Research * Health support svcs (i.e. hospice, hospitals, etc.)
<input type="checkbox"/> HOME OWNERSHIP OR MGMT: provides for the ownership, management or maintenance of a home.	<input type="checkbox"/> INFO & REFERRAL: provides information, referral or counseling services.	<input type="checkbox"/> NEIGHBORHOOD COMMUNITY: provides neighborhood or community organization services.	<input type="checkbox"/> PHILANTHROPY: provides services to improve the material, social, and spiritual welfare of humanity.	<input type="checkbox"/> SAFETY SERVICES: offers safety services.
<input type="checkbox"/> SMALL BUS. STARTUP: offers resources for small business startup.	<input type="checkbox"/> SOCIAL ADJUSTMENT: provides services to help clients achieve a socially acceptable life.	<input type="checkbox"/> SPECIAL GROUPS: provides services for specific groups of people as it relates to age, gender, sex, disability, sexual orientation, race, status, etc.	<input type="checkbox"/> TRANSPORTATION: provides transportation services.	

¹ The VCGCB will edit any statement that uses special fonts or exceeds 25 words.

M. CONDITIONS FOR APPROVAL

A. We agree that any Principal Combined Fund Drive (PCFD) agency approved by the Victim Compensation and Government Claims Board (VCGCB) for the 2006 Campaign may, prior to transmitting to us the contributions designated to our organization, deduct a percentage for the reimbursement of PCFD fundraising and administrative expenses. We understand that the VCGCB-approved percentage rate for this deduction will be published in the Campaign literature distributed by the PCFD to State officers and employees.

B. We acknowledge that:

- 1) This original application form must be **complete** and postmarked no later than the date specified by the VCGCB. A timely submission is necessary to ensure that our organization will, if approved by the VCGCB, be included, by name, in the Campaign literature distributed by the PCFD to State officers and employees.
- 2) If the VCGCB requests information supporting a certification of eligibility, the information will be furnished promptly. The burden of demonstrating eligibility shall rest with the applicant.

C. We certify under penalty of perjury:

- 1) That we are currently a charitable organization qualified as "exempt" under Section 23701d of the Revenue and Taxation Code **and** paragraph (3) of subsection (c) of Section 501 of the Internal Revenue Code of 1954; and
- 2) That we are in compliance with the provisions of the California Fair Employment and Housing Act, Part 2.8 (commencing with Government Code section 12900; visit <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=gov&group=12001-13000&file=12900-12906> for more information) and

N. SIGNATURE

Original Signature of Authorized Officer (blue ink preferred)

Date

Typed or Printed Name of Authorized Officer

Authorized Officer Title

Return **completed** application to:

Victim Compensation and Government Claims Board
Attn: Marlene Dederick, Campaign Coordinator

Mailing address:

P.O. Box 48
Sacramento, CA 95812

Physical address:

630 K St
Sacramento, CA 95814

DO NOT HESITATE TO CONTACT US IF YOU
HAVE ANY QUESTIONS.

Our toll free number is
1 (800)-955-0045.

CSECC law, rules and policies, as well as copies of the
application and instructions can be downloaded by
visiting our website: www.boc.ca.gov/csecc.htm